

Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY PUBLIC

April 24, 2026

[REDACTED], BOARD MEMBER  
WHEELER CARE CENTERS INC  
1710 CREEK ROAD  
GLENMOORE, PA, 19343

RE: COLONIAL WOODS  
1710 CREEK ROAD  
GLENMOORE, PA, 19343  
LICENSE/COC#: 19823

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/09/2026 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing



Inspections / Reviews (*continued*)

## 03/17/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/19/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 03/22/2026

## 04/02/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/19/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 04/10/2026

## 04/24/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 04/19/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

51 - Criminal Background Check

1. Requirements

2600.

51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff Person A, hired [redacted] The home did not complete the criminal background check until [redacted]

Plan of Correction

Directed ([redacted] - 04/02/2026)

A "New Hire Checklist" was amended to ensure that every time someone is hired the Administrator is reminded that the Criminal Background check must be on or prior to the date of hire. This will prevent this from happening again. The checklist was updated on 3/16/26 by the Administrator and is always the first page of all employee files and is a permanent and ongoing form. It will be used by the Administrator beginning immediately. The second Administrator can sign off on the first Administrator's checklist to make sure everything is complete. We have not hired anyone this year, so we have not used the form yet.

Proposed Overall Completion Date: 04/01/2026

Directed Plan of Correction ([redacted] - 4/2/26):

To clarify the above plan of correction, beginning within 5 days of the receipt of the acceptable plan of correction, the administrator shall develop and implement a new hire tracking system. The administrator or designee shall review all new hire records within 24 hours of hire to ensure criminal background checks have been requested/obtained prior to the employee's first day of work.

Directed Completion Date: 04/06/2026

Implemented ([redacted] - 04/24/2026)

89b - Hot Water Temperature

2. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On 2/9/2026 at 10:20 am, the hot water temperature at the shower bathroom measured 130.1 degrees Fahrenheit and at 4:15 pm it was 154.4 degrees Fahrenheit.

On 2/9/2026 at 10:00 am, the hot water temperature at bathroom in Room 15 measured 159.5.1 degrees Fahrenheit and at 4:15 pm it was 154.4 degrees Fahrenheit.

On 2/9/2026 at 9:50 am, the hot water temperature at the powder room bathroom measured 123.6.1 degrees Fahrenheit and at 4:00 pm it was 123.6 degrees Fahrenheit.

Plan of Correction

Accept ([redacted] - 04/02/2026)

Called plumber to have the hot water turned down and requested that [redacted] confirm in writing that it was turned down. We also created a check list to test the water temperature at various times throughout the month each month to ensure compliance by the Administrator.

89b Hot Water Temperature (continued)

The date of the plumber visit is referenced on [redacted] invoice 3/4/26 (attached). Our Maintenance Manager will check the water temperature and will report any non compliance issues to the Administrator. The audit was created by the Administrator. The start date is indicated on the attached spreadsheet as 3/1/26. It is also shown that the temperature will be tested every 2 weeks for all of 2026 to make sure that it does not fluctuate.

Licensee's Proposed Overall Completion Date: 04/01/2026

Implemented ([redacted] - 04/24/2026)

162c - Menus Posted

3. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home's menu for the week of 2/8/2026 was posted. However, the menu for the week of 1/10/2026 remained posted in the dining area.

Plan of Correction

Accept ([redacted] - 04/02/2026)

Both Administrators instructed kitchen manager on 3/6/26 to make sure there is always a current weekly menu posted, and the upcoming weekly menu posted. One or both Administrators will check weekly on Fridays to ensure that both menus are posted throughout 2026. Administrator 2 also specifically added to the Kitchen Reminders (attached) and recirculated it to staff. In addition, she added a note to the sleeves in which the menus are posted (attached). Two plastic sleeves were added to the bulletin board so that it would be obvious to anyone that a menu is missing.

Licensee's Proposed Overall Completion Date: 04/01/2026

Implemented ([redacted] - 04/24/2026)

224a - Preadmission Screen Form

4. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident 1 was admitted to the home on [redacted]; however, the resident's preadmission screening form was completed on [redacted]

Plan of Correction

Directed ([redacted] - 04/02/2026)

The Administrator performed audit and determined that Resident 1 was the only one out of compliance and that was due to family logistics with the Resident's move. It is realized now that another assessment should have taken place. The Administrator also added a notation on our resident admission checklist to indicate the "terms" of the preassessment training. (See attached) The resident admission checklist will be used by both Administrators, will require an Administrator's signature upon completion and is ongoing. The checklist will be placed at the front of each resident's binder.

**224a - Preadmission Screen Form (continued)**

*Proposed Overall Completion Date: 04/01/2026*

**Directed Plan of Correction (█ - 4/2/26):**

*To clarify the above plan of correction, and add additional detail, starting immediately, the administrator or designee shall perform audits of new resident record admission documentation within 24 hours of the resident's admission. The administrator shall develop and utilize a tracking system. Documentation will be kept for department review.*

**Directed Completion Date: 04/02/2026**

**Implemented (█ - 04/24/2026)**